

Department of Human Resources
Health Insurance Rates

BLUE SHIELD ACCESS+ HMO 2012

Effective January 1, 2012

HMO with Delta Dental Premier - Dental Plan Code 5615-0001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3031	EMPLOYEE ONLY	\$704.69	\$13.87	\$36.02	\$754.58	\$462.78	\$291.80 monthly
							1st & 2nd pay date of the month \$145.90
3032	EMPLOYEE + 1	\$1,409.38	\$13.87	\$77.82	\$1,501.07	\$921.30	\$579.77 monthly
							1st & 2nd pay date of the month \$289.88
3033	EMPLOYEE + FAMILY	\$1,832.19	\$13.87	\$115.58	\$1,961.64	\$1,207.41	\$754.23 monthly
							1st & 2nd pay date of the month \$377.11

HMO with Delta Dental Preferred Provider (PPO) - Dental Plan Code 5615-1001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3031	EMPLOYEE ONLY	\$704.69	\$13.87	\$33.15	\$751.71	\$462.78	\$288.93 monthly
							1st & 2nd pay date of the month \$144.46
3032	EMPLOYEE + 1	\$1,409.38	\$13.87	\$72.26	\$1,495.51	\$921.30	\$574.21 monthly
							1st & 2nd pay date of the month \$287.10
3033	EMPLOYEE + FAMILY	\$1,832.19	\$13.87	\$113.49	\$1,959.55	\$1,207.41	\$752.14 monthly
							1st & 2nd pay date of the month \$376.07

*NOTE: This total represents the current County Contribution. Employee share is subject to negotiations.

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PERS SELECT (Anthem Blue Cross PPO) 2012

Effective January 1, 2012

PERS Select with Delta Dental Premier - Dental Plan Code 5615-0001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
531	EMPLOYEE ONLY	\$474.74	\$13.87	\$36.02	\$524.63	\$462.78	\$61.85 monthly
							1st & 2nd pay date of the month \$30.92
532	EMPLOYEE + 1	\$949.48	\$13.87	\$77.82	\$1,041.17	\$921.30	\$119.87 monthly
							1st & 2nd pay date of the month \$59.93
533	EMPLOYEE + FAMILY	\$1,234.32	\$13.87	\$115.58	\$1,363.77	\$1,207.41	\$156.36 monthly
							1st & 2nd pay date of the month \$78.18

PERS Select with Delta Dental Preferred Provider (PPO) - Dental Plan Code 5615-1001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
531	EMPLOYEE ONLY	\$474.74	\$13.87	\$33.15	\$521.76	\$462.78	\$58.98 monthly
							1st & 2nd pay date of the month \$29.49
532	EMPLOYEE + 1	\$949.48	\$13.87	\$72.26	\$1,035.61	\$921.30	\$114.31 monthly
							1st & 2nd pay date of the month \$57.15
533	EMPLOYEE + FAMILY	\$1,234.32	\$13.87	\$113.49	\$1,361.68	\$1,207.41	\$154.27 monthly
							1st & 2nd pay date of the month \$77.13

*NOTE: This total represents the current County Contribution. Employee share is subject to negotiations.

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PERS CHOICE (Anthem Blue Cross PPO) 2012

Effective January 1, 2012

PERS Choice with Delta Dental Premier - Dental Plan Code 5615-0001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3221	EMPLOYEE ONLY	\$559.25	\$13.87	\$36.02	\$609.14	\$462.78	\$146.36 monthly
							1st & 2nd pay date of the month \$73.18
3222	EMPLOYEE + 1	\$1,118.50	\$13.87	\$77.82	\$1,210.19	\$921.30	\$288.89 monthly
							1st & 2nd pay date of the month \$144.44
3223	EMPLOYEE + FAMILY	\$1,454.05	\$13.87	\$115.58	\$1,583.50	\$1,207.41	\$376.09 monthly
							1st & 2nd pay date of the month \$188.04

PERS Choice with Delta Dental Preferred Provider (PPO) - Dental Plan Code 5615-1001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3221	EMPLOYEE ONLY	\$559.25	\$13.87	\$33.15	\$606.27	\$462.78	\$143.49 monthly
							1st & 2nd pay date of the month \$71.74
3222	EMPLOYEE + 1	\$1,118.50	\$13.87	\$72.26	\$1,204.63	\$921.30	\$283.33 monthly
							1st & 2nd pay date of the month \$141.66
3223	EMPLOYEE + FAMILY	\$1,454.05	\$13.87	\$113.49	\$1,581.41	\$1,207.41	\$374.00 monthly
							1st & 2nd pay date of the month \$187.00

*NOTE: This total represents the current County Contribution. Employee share is subject to negotiations.

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PERS CARE (Anthem Blue Cross PPO) 2012

Effective January 1, 2012

PERS Care with Delta Dental Premier - Dental Plan Code 5615-0001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3271	EMPLOYEE ONLY	\$1,002.53	\$13.87	\$36.02	\$1,052.42	\$462.78	589.64 monthly
							1st & 2nd pay date of the month \$294.82
3272	EMPLOYEE + 1	\$2,005.06	\$13.87	\$77.82	\$2,096.75	\$921.30	1175.45 monthly
							1st & 2nd pay date of the month \$587.72
3273	EMPLOYEE + FAMILY	\$2,606.58	\$13.87	\$115.58	\$2,736.03	\$1,207.41	1528.62 monthly
							1st & 2nd pay date of the month \$764.31

PERS Care with Delta Dental Preferred Provider (PPO) - Dental Plan Code 5615-1001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	TOTAL PREMIUM	COUNTY PAYS*	EMPLOYEE PAYS
3271	EMPLOYEE ONLY	\$1,002.53	\$13.87	\$33.15	\$1,049.55	\$462.78	586.77 monthly
							1st & 2nd pay date of the month \$293.38
3272	EMPLOYEE + 1	\$2,005.06	\$13.87	\$72.26	\$2,091.19	\$921.30	1169.89 monthly
							1st & 2nd pay date of the month \$584.94
3273	EMPLOYEE + FAMILY	\$2,606.58	\$13.87	\$113.49	\$2,733.94	\$1,207.41	1526.53 monthly
							1st & 2nd pay date of the month \$763.26

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PEACE OFFICERS RESEARCH ASSOCIATION (Anthem Blue Cross PPO) 2012

Effective January 1, 2012

MUST BE A MEMBER OF PORAC TO ENROLL IN THIS PLAN

PORAC with Delta Dental Premier - Dental Plan Code 5615-0001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PREMIER	TOTAL PREMIUM	COUNTY PAYS	EMPLOYEE PAYS
2071	EMPLOYEE ONLY	\$556.00	\$13.87	\$36.02	\$605.89	\$462.78	\$143.11 monthly
							1st & 2nd pay date of the month \$71.55
2072	EMPLOYEE + 1	\$1,041.00	13.87	\$77.82	\$1,132.69	\$921.30	\$211.39 monthly
							1st & 2nd pay date of the month \$105.69
2073	EMPLOYEE + FAMILY	\$1,323.00	13.87	\$115.58	\$1,452.45	\$1,207.41	\$245.04 monthly
							1st & 2nd pay date of the month \$122.52

PORAC with Delta Dental Preferred Provider (PPO) - Dental Plan Code 5615-1001

PLAN CODE	NUMBER OF FAMILY MEMBERS ON PLAN	MEDICAL	VISION SERVICE PLAN	DELTA DENTAL PPO	TOTAL PREMIUM	COUNTY PAYS	EMPLOYEE PAYS
2071	EMPLOYEE ONLY	\$556.00	\$13.87	\$33.15	\$603.02	\$462.78	\$140.24 monthly
							1st & 2nd pay date of the month \$70.12
2072	EMPLOYEE + 1	\$1,041.00	13.87	\$72.26	\$1,127.13	\$921.30	\$205.83 monthly
							1st & 2nd pay date of the month \$102.91
2073	EMPLOYEE + FAMILY	\$1,323.00	13.87	\$113.49	\$1,450.36	\$1,207.41	\$242.95 monthly
							1st & 2nd pay date of the month \$121.47